



**GRMC Foundation Contribution Form**

I wish to make a tax-deductible donation in the amount of \$\_\_\_\_\_ to support the following GRMC Foundation fundraising category:

**Scholarships** – aids students who are pursuing an education in healthcare.

**Capital Projects** – supplement funding for hospital construction and infrastructure.

**Patient Programs** – target specific department needs and operations.

**Patient Equipment** – purchase hardware that will improve patient care.

**General Fund** – non-designated funds available for the Board of Directors to designate to areas of greatest need.

\_\_\_\_\_  
NAME PHONE #

\_\_\_\_\_  
MAILING ADDRESS/ CITY/ STATE/ ZIP CODE

IN HONOR OF \_\_\_\_\_

IN MEMORY OF \_\_\_\_\_

PAYMENT:      CHECK ENCLOSED      PAY USING PAYAL (PAYPAL ID: GRMCFUNDATION@GMAIL.COM) 

**PLEASE MAKE YOUR PAYMENT PAYABLE TO “GILA REGIONAL MEDICAL CENTER FOUNDATION” AND MAIL WITH THIS FORM TO GILA REGIONAL MEDICAL CENTER FOUNDATION, PO BOX 857, SILVER CITY, NM 88061**

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DONOR SIGNATURE